Illinois Valley Community Hospital
925 West Street, Peru, Illinois 61354
815-223-3300
Caring Professionals

KRAMER, MADELINE H.
Visit ID: 11011107
01/20/2013 21M/F
PCP: OUT OF TOWN, PHYSICIAN
ATT: GOLBER, SERGE A
MRN: 261617

Provisional Diagnosis:
Diaper Rash

Follow up in 2 day(s) with:
☐ Dr. PCP

☑ Please call for an appointment.
☐ Occupational Health (7:30 a.m. - 5:30 p.m. Monday - Friday)

Work/School Excuse:
☐ Should be off work/school/PE from ____ thru ____
☐ Regular work with no restrictions as of ____/____/____
☐ Can work with the following limitations:
☐ No lifting over ____ lbs.
☑ Minimum bending or stooping
☐ Minimum work using Lt./Rt. ____ Arm ____ Leg ____ Hand
☐ Other ____

Please follow the attached instructions for the complaint specified below:

☐ Abdominal Pain	☐ Headache
☐ Animal Bite	☐ Head Injury-Adult/Child
☑ Asthma	☐ Influenza
☐ Back Pain	☐ Nosebleed
☐ Bronchitis	☐ Otitis (Earache)
☐ Burn Care	☐ Pharyngitis
☐ Confusion	☐ Seizure
☐ Crutch Walking/Crutches	☐ Smoking Cessation
☑ Dehydration	☐ Strain/Sprain
☐ Dermabond®	☑ Tetanus
☐ Eye Injury	☑ Upper Respiratory Infection
☐ Fever Adult/Child	☑ Urinary Tract Infection
☐ Febrile Convulsion	☐ Vomiting/Diarrhea-Adult/Child
☐ Fracture	☐ Wound Care/Suture Care
☐ Other	

Additional Information:
Increase frequency of diaper changes
Apply A&D ointment to area as needed

☐ You have sutures/staples which must be removed in ____ days.

X-rays/EKGs do not always show injury or disease. Fractures (breaks in the bones) are not always revealed on the initial x-rays, but may be revealed on subsequent x-rays. Your x-ray/EKG has been read on a preliminary basis. Final reading will be made by the radiologist/internist. You will be notified if there is a difference from the preliminary reading.

Lab cultures take 48 - 72 hours to complete. Special cultures will take a minimum of 5 days to complete. Contact your physician or ER for results.

The examination and treatment you have received in the Emergency Department has been given on an emergency basis only. Should your condition worsen or any new symptoms develop, or should you not recover as expected, contact your doctor or the doctor you were given for follow-up care. If you cannot contact your doctor, then return to the Emergency Department.

Medications/Prescriptions:

☐ You received/were prescribed sedatives or pain medications that may make you drowsy. Do not drive, drink alcohol or operate machinery while you are taking these medications.
☐ Medication information sheets provided for prescriptions
☐ Side effects and potential adverse reactions reviewed

[signature] [signature] RN 10/23/14 1927
Signature of patient or responsible party Signature of witness Date/Time

Illinois Valley Community Hospital • 925 West Street • Peru, Illinois 61354
For: KRAMER, MADELINE H Date: 10/23/2014
DOB: 01/20/2013 Physician: GOLBER, SERGE

Rx

VOID

DEA No. ____ No Refills ____
Dr. ____ DATE 10/18/2016 Dr. ____
SUBSTITUTION PERMITTED DISPENSE AS WRITTEN

Illinois Valley Community Hospital • 925 West Street • Peru, Illinois 61354
For: KRAMER, MADELINE H Date: 10/23/2014
DOB: 01/20/2013 Physician: GOLBER, SERGE

Rx

VOID

DEA No. ____ No Refills ____
Dr. ____ Dr. ____
SUBSTITUTION PERMITTED DISPENSE AS WRITTEN